



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code	SC	Dent.	A	Contract Number
County Department Arrowhead Regional Medical Center			Dept.	Orgn.	Contractor's License No.
County Department Contract Representative Mark H. Uffer, Director			Telephone (909) 580-6150		Total Contract Amount \$1,615,897
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input checked="" type="checkbox"/> Other: Application					
If not encumbered or revenue contract type, provide reason: _____					
Commodity Code		Contract Start Date	Contract End Date	Original Amount	Amendment Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No. Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No. Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No. Amount
Project Name Grant Application			Estimated Payment Total by Fiscal Year		
			FY	Amount	I/D
Contract Type -					

CONTRACTOR Center for Scientific Review – National Institutes of Health

Federal ID No. or Social Security No. _____

Contractor's Representative _____

Address 6701 Rockledge Drive, Bethesda MD 20892-7710 Phone _____

Nature of Contract: *(Briefly describe the general terms of the contract)*

This is a grant application to the Federal Department of Health and Human Services for transforming healthcare quality through information technology, in the amount of \$1,615,897, for FY 2004/05 through 2006/07. If awarded, Arrowhead Regional Medical Center intends to use the grant to expand its Patient Care System (PCS) by orchestrating patient care to bring together clinical, financial, therapeutic and diagnostic information in a centralized location.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink) ▶ County Counsel	Reviewed as to Contract Compliance ▶	Presented to BOS for Signature ▶ Department Head
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Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

Date _____

Date _____

Date _____

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database <input type="checkbox"/> FAS	
Input Date	Keyed By